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THE PROGRAM SUGGESTS THAT I SHALL DESCRIBE THE "VEHICLE" IN WHICH THE PASSENGERS, WHOM I HAVE PRESUPPOSED TO BE THE PUBLIC OF THE IMMEDIATE AND DISTANT FUTURE, WILL REACH THE TARGET. THE TARGET, I WOULD SUPPOSE, IS THE CREATION OF A HEALTH CARE SYSTEM ADEQUATE TO MEET THE HEALTH CARE NEEDS OF THE PUBLIC. IF I WERE TO JUMP TO WHAT SEEMS TO BE AN IRREVERENT CONCLUSION, IT WOULD BE THAT IT'S A DIRTY SHAME THAT THE PUBLIC IS IN FOR SUCH A ROUGH RIDE. AND I HOPE IT'S STILL HEALTH CARE THEY ARE LOOKING FOR WHEN THEY GET THERE, NOT A FUNERAL.

IF THE DEVELOPMENTS IN OUR SOCIETY WERE GUIDED BY LOGIC-- OR AT LEAST, IF THEY TOOK PLACE IN LOGICAL SEQUENCE--IT WOULD BE EASIER TO PREDICT THE COURSE OVER WHICH WE MIGHT TRAVEL AND THEREFORE THE VEHICLE TO TAKE. WE MIGHT, HOWEVER, HAVE A MOST DIFFICULT TIME DECIDING WHOSE "LOGIC" TO USE, OR EVEN WHETHER TO USE ARISTOTELIAN OR SYMBOLIC LOGIC; BUT ONCE THAT DECISION WAS MADE, ALL OF SOCIETY'S MOVEMENTS COULD BE PREDICTED AND THE SMOOTHEST COURSE CHOSEN. WE COULD THEN SIT COMFORTABLY IN THE FIRST CLASS SECTION OF A 747, OR SOME OTHER SUCH CONTRAPTION, AND AIM OURSELVES AT THE TARGET. BUT, FORTUNATELY OR UNFORTUNATELY, LOGIC IS NOT APPLICABLE TO OUR SOCIETY, LET ALONE ITS COURSE OF EVENTS, OR ITS MANNER OF THINKING. THAT IS WHY LOGICIANS ARE HELD IN SUCH LOW ESTEEM, OFFERED EVEN LOWER PAY, AND NONE AS YET HAS HAD THE COURAGE TO HANG OUT HIS SHINGLE ON A FEE-FOR-SERVICE BASIS. SOME HAVE DEGENERATED INTO THE PRESIDENCY OF A COLLEGE OR UNIVERSITY, BUT NONE HAVE YET BEEN ABLE TO RELATE

THEIR ART TO OUR BEHAVIOR AS A SOCIETY. ALSO, IF WE SPEAK AS INDIVIDUALS, IT'S ALWAYS THE OTHER FELLOW'S LOGIC THAT'S OUT OF KILTER, AND IT'S ALL THESE OTHER ASKEWED PEOPLE THAT MAKE UP OUR SOCIETY.

ESSENTIALLY WE ARE A NATION OF EMPIRICISTS AND PRAGMATISTS. OR, TO SAY IT ANOTHER WAY, REPUBLICANS AND DEMOCRATS, CONSERVATIVES, LIBERALS AND SHIFTING NEUTERS. I DO NOT INTEND TO GET INTO THE "PASSENGER" END OF THIS DISCUSSION EXCEPT TO INDICATE THAT THE PASSENGERS CHOOSE THE "VEHICLE" AND WE MUST KNOW THE PASSENGERS WELL ENOUGH TO MAKE SOME JUDGMENT ABOUT THE VEHICLE THEY MIGHT SELECT. IT IS THIS CONGLOMERATE OF NEARLY INCOMPATIBLE REASONING PROCESSES THAT MAKES UP OUR DEMOCRACY, OR ANY DEMOCRACY, AND IT IS THE CONTINUAL SYNTHESIS OF THEIR POINTS OF VIEW THAT TENDS TO SET THE COURSE OF EVENTS IN OUR SOCIETY. FEW CAN KNOW TOTAL IDEALOGICAL HAPPINESS, SINCE THE INDIVIDUAL'S GOALS ARE SO TEMPERED BY THE SYNTHESIZING PROCESS OF THE MASSES, BUT WE CONSOLE OURSELVES BY SAYING THAT IT IS BETTER TO BE HALF HAPPY THAN NOT HAPPY AT ALL.

LET ME HASTEN TO SAY THAT I AM NOT KNOCKING DEMOCRACY. IN FACT, I RATHER LIKE IT. AND AT THIS POINT IN LIFE I WOULD HATE TO HAVE TO LEARN THE IN'S AND OUT'S OF ANOTHER FORM OF GOVERNMENT OR ANOTHER MODE OF LIVING. WHAT I AM SAYING IS THAT WE SHOULD TRY TO UNDERSTAND OUR SOCIETY, ITS FORCES AND GOVERNMENT, AND TO USE THAT KNOWLEDGE TO GAIN ENDS THAT BENEFIT HUMANITY. WE SHOULD DO THIS NO MATTER HOW ILLOGICAL OUR ACTIONS MAY SEEM

WHEN ANALYZED BY THEMSELVES, APART FROM THE SOCIETAL MILIEU IN WHICH THEY TAKE PLACE. NOR IS THIS TO ARGUE THAT THE END ALWAYS JUSTIFIES THE MEANS; INSTEAD IT IS TO SAY THAT WE SHOULD UNDERSTAND THE VARIETY OF PROCESSES BY WHICH GOALS ARE ACHIEVABLE IN A HIGHLY COMPLICATED DEMOCRATIC SOCIETY.

ALLOW ME FOR A MOMENT TO ENGAGE IN AN OVER-USED HYPERBOLE. WE OFTEN HEAR TALK ABOUT THE HEALTH CARE CRISIS, THE HOUSING CRISIS, SOME FOREIGN RELATIONS CRISIS, THE UNEMPLOYMENT CRISIS, THE POST OFFICE CRISIS, THE LAW AND ORDER CRISIS, THE POLLUTION CRISIS, THE CAMPUS UNREST CRISIS, THE POPULATION CRISIS, AND SOME HAVE EVEN REFERRED TO THE AGNEW CRISIS. THE DICTIONARY DEFINES "CRISIS" AS "A STAGE IN A SEQUENCE OF EVENTS AT WHICH THE TREND OF ALL FUTURE EVENTS, ESPECIALLY FOR BETTER OR FOR WORSE, IS DETERMINED; TURNING POINT." WHEN USED WITHIN THE POLITICAL FRAMEWORK OF OUR DEMOCRACY, HOWEVER, IT HAS ACQUIRED A MORE SPECIALIZED MEANING. IT IS THAT POINT AT WHICH A SIGNIFICANT NUMBER OF POPULACE CAN BE MADE TO FEEL CONCERNED OVER A GIVEN ISSUE, RESPOND POSITIVELY TO THE ARGUMENTS, AND SOMETIMES DRAMATICS, OF THE CRISIS DESCRIBERS, AND GIVE AN INDICATION THAT THEIR OPINIONS, POSITIONS AND REASONING CAN BE SYNTHESIZED INTO SOME COMMON FORM OF ACTION. ALL THREE ELEMENTS MUST BE PRESENT: CONCERN, POSITIVE RESPONSE, A WILLINGNESS TO REACH A COMMON FORM OF ACTION--OR IT DOESN'T DO ANY GOOD TO HAVE A CRISIS. TO BE SURE, THERE HAVE BEEN MANY STILLBORN CRISES, ESSENTIALLY BECAUSE THEIR BIRTH WAS PREMATURE, OR AT LEAST THEY WERE CREATURES OF POOR FAMILY

PLANNING, AND ALL THE TREATMENT AVAILABLE COULD NOT BRING THE VARIOUS COMPONENTS AND FORCES INTO HARMONY. ONE CRISIS HAS TO COMPETE WITH OTHER CRISES FOR THE PUBLIC'S ATTENTION, AND THE PUBLIC CAN ABSORB ONLY SO MANY CRISES AT A TIME. SUBCONSCIOUSLY, WE EACH GIVE PRIORITIES TO CRISES AND OUR ATTENTION AND CONCERN DWINDLES AS THE PRIORITY GETS LOWER. OUR ATTENTION SPAN IS LIMITED, OUR POWER TO RESPOND IS LIMITED, OUR ABILITY TO SEEK SOLUTIONS IS MORE LIMITED, AND THE SIX O'CLOCK T.V. NEWSCASTS ARE LIMITED, WHERE MUCH OF THE PROMOTING IS DONE.

THIS HAS CAUSED SOME OF THOSE WHO HAVE LABORED OVER THE LOW PRIORITY CRISES TO BECOME FIRM BELIEVERS IN THE OLD ADAGE THAT OUR SOCIETY IS LIKE A JACKASS: SOMETIMES YOU HAVE TO HIT IT ON THE NOSE WITH A TWO-BY-FOUR TO GET ITS ATTENTION. I AM SURE THAT SUCH BRUTALITY IS REPUGNANT TO MOST, AND OTHERS FEAR HOW THE ANIMAL MIGHT RESPOND; NEVERTHELESS, IT IS AT THIS POINT THAT THE MEANS CHOSEN TO REACH AN END BECOMES A CRUCIAL DECISION IN OUR SOCIETY, MORE SO TODAY THAN EVER BEFORE. WHERE THE TREND TOWARD PHYSICAL CONFRONTATION WILL STOP, ONLY TIME WILL TELL.

IT IS AN OVERSIMPLIFICATION AND EXAGGERATION TO SAY THAT WE HAVE "GOVERNMENT BY CRISIS," BUT WE COME APPALLINGLY CLOSE AT TIMES. FOR EXAMPLE, WE HAVE CONTINUED AND INCREASED FARM SUPPORT PRICES AT TIMES WITH NO APPARENT FUROR OF SUPPORT. WE HAVE BUILT UP THE DEFENSE BUDGET OVER THE YEARS BY BASING THE RATIONALE ON THE "ARMS RACE," WHICH I SUPPOSE IS A LONG-TERM MINOR CRISIS. WE WENT TO THE MOON, WHICH WAS A MINOR TYPE CRISIS IN TERMS OF

WORLD PRESTIGE. WE PROCEEDED WITH THE ABM BECAUSE TO OPPOSE IT WITH RATIONAL ARGUMENTS SEEMED SO APPARENTLY SELF-DEFEATING WHEN PITTED AGAINST THE QUESTIONS THAT MIGHT BE RAISED ABOUT ONE'S LOYALTY. GOVERNMENT AND OUR SOCIETY MOVES ON IN MANY SITUATIONS IN NON-CRISIS AND SEMI-CRISIS CIRCUMSTANCES FOR A VARIETY OF REASONS; BUT IN THE FIELD OF SOCIAL PROGRAM, A GOOD WELL-ROUNDED CRISIS HELPS CONSIDERABLY.

THIS BRINGS ME TO THE SO-CALLED HEALTH CRISIS. IT NEVER WAS, NOR IS IT NOW, A SOCIAL CRISIS IN THE SENSE THAT WE HAVE DEFINED ABOVE, NOR IS IT A CRISIS OF HIGH PRIORITY. INSTEAD, IT IS A SERIES OF SMALL CRISES WHICH, ALTHOUGH RELATED, TEND TO BALANCE EACH OTHER OUT, THEREBY MAKING THE SYNTHESIS NECESSARY FOR THE SUPPORT OF A COMMON SOLUTION EXTREMELY DIFFICULT.

WHAT IS THE HEALTH CARE CRISIS IN TERMS OF THE PROVIDER? IT HAS MANY PARTS AND PIECES, BUT ITS MAIN CHARACTERISTIC IS THAT, FOR THE MOST PART, IT LIES AT THE EXTREME END OF THE SPECTRUM FROM THE HEALTH CARE CRISIS THAT AFFECTS THE CONSUMER. THERE IS ANOTHER DISTINCT SEPARATION OF INTERESTS AMONG THE CONSUMERS, ALTHOUGH LESS MARKED, AND THAT IS BETWEEN THOSE ABLE TO PAY AND THE LESS ABLE. THE CONCERNS OF THESE GROUPS, WHERE AND WHEN THEY BUILD UP TO A CRISIS LEVEL, HAVE PROVEN VERY DIFFICULT TO FOCUS ON A SINGLE SOLUTION. AS A RESULT, THE EFFECTIVE ADVANCEMENT OF A SOLUTION TO ANY CONSIDERABLE PORTION OF THE PROBLEM HAS BEEN EFFECTIVELY STALEMATED. I KNOW THAT WE CAN ALL CITE ISOLATED ADVANCES; BUT IN TERMS OF THE TOTAL DISTANCE WE HAVE TO TRAVEL, WE HAVE YET TO SHIFT OUR VEHICLE OUT OF LOW GEAR, AND I

AM NOT SURE WE EVEN KNOW WHERE SECOND GEAR IS LOCATED.

WE DO NOT HAVE TIME TO DESCRIBE THE CRISIS AS SEEN BY EACH CONCERNED GROUP IN DETAIL, BUT LET'S HIT THE HIGH POINTS. THE PRIVATE PRACTITIONER'S CRISIS IS THE THREAT OF PATIENT OVERLOAD, FEE SCHEDULES--MORE WORK, LESS INCOME; LESS FREEDOM IN PATIENT SELECTION, PLACE OF PRACTICE AND MANNER OF PRACTICE; MORE SCRUTINY AND A MORE REGIMENTED SYSTEM.

THE CRISIS FOR THE HOSPITAL IS THE ADVENT OF MEANINGFUL UTILIZATION CONTROL, FRANCHISING OF BEDS AND SERVICES, RATE CONTROL, THE POSSIBLE ADVENT OF AND SUBMISSION TO AN OVERALL MANAGEMENT STRUCTURE AND BEING BOUND TO A GIVEN GEOGRAPHIC AREA.

THE HEALTH CARE CRISIS FOR THE AVERAGE INCOME CONSUMER IS THE FEAR THAT HE OR A MEMBER OF THE FAMILY MAY EXPERIENCE A MAJOR OR CATASTROPHIC, ACUTE OR CHRONIC ILLNESS THAT, IF INTENSIVE CARE OR LONG-TERM CARE IS REQUIRED, COULD COST \$25,000 OR MORE. THE 40 MILLION CITIZENS WHO LIVE ON LESS THAN \$100 PER WEEK ARE POORLY COVERED AT BEST BY PRIVATE INSURANCE, AND ONLY ONE-QUARTER OF THEM HAVE ANY MEDICAID ASSISTANCE. THEIR CRISIS EXISTS FROM ENTRY TO EXIT. THE AGED HAVE WITNESSED SEVERAL GAPS IN MEDICARE COVERAGE, THUS THEIR CRISIS IS DIFFERENT EVEN YET.

ALTHOUGH THE MAJOR ELEMENTS OF THE CRISES CAN BE DESCRIBED ROUGHLY AS FEAR OF INCOME LOSS AND GREATER RESTRICTIONS AS FAR AS THE PROVIDER IS CONCERNED, AND FEAR OF OVERWHELMING EXPENSES AS FAR AS THE CONSUMER IS CONCERNED, THERE ARE MANY SUBDIVISIONS

WITHIN THESE TWO GENERALIZATIONS. AND IT WOULD APPEAR THAT THE CONSUMER DIFFERENCES SYNTHESIZE WITH GREATER EASE THAN THE PROVIDER; BUT BETWEEN CONSUMER AND PROVIDER, A COMMONGROUND IS NOT SO APPARENT.

WHAT DOES THIS INDICATE AS WE MOVE INTO THE IMMEDIATE FUTURE AND ESPECIALLY THE NEXT SESSION OF CONGRESS? IT WOULD SEEM TO ME THAT IT IS HERE WE SEE THE ACTUAL CONTEST OF THE MYTH OF LOGIC COMING INTO CONTACT WITH THE REALITIES OF A POLITICAL SITUATION IN A DEMOCRATIC SOCIETY. I SAY "MYTH OF LOGIC" BECAUSE IT IS YET TO BE PROVED THAT THE CAREFULLY REASONED CONCLUSIONS OF THE FEW, ELITE THOUGH THEY MAY BE, ARE SUPERIOR TO THE RANDOM, AND SEEMINGLY UNREASONED, CONSENSUS OF THE MASSES. BUT FOR THE SAKE OF SPECULATION, LET US PLAY THE PART OF THE LOGICAL ELITE. IF WE WERE PLANNING A LOGICAL SERIES OF DEVELOPMENTS TO IMPROVE HEALTH CARE OVER THE COMING YEARS, PROBABLY WE WOULD

1. RECOGNIZE THAT DOLLARS DEVOTED TO THE PURCHASE OF CARE HAVE INCREASED FASTER THAN THE SYSTEM HAS INCREASED ITS ABILITY TO DELIVER CARE; THEREFORE, THERE IS NEED TO DIRECT FUNDS AND OTHER RESOURCES OF A SUBSTANTIAL NATURE INTO HEALTH MANPOWER DEVELOPMENT.
2. RECOGNIZE THE NEED FOR MORE EFFICIENT ORGANIZATION OF THE SYSTEM AND PROVIDE INCENTIVES THROUGH THE BENEFIT PAYMENT STRUCTURE FOR DESIRED CHANGES.

3. CONSTRUCT AN EFFECTIVE UTILIZATION CONTROL MECHANISM THAT WOULD SPOT BOTH UNDER AND OVER UTILIZATION PATTERNS.

4. BEGIN ORGANIZING THE SYSTEM ALONG THE LINES DR. CRONKHITE HAS OUTLINED SO WELL--NOT ONLY IN BOSTON, BUT IN ALL THE URBAN AREAS. THERE SEEMS LITTLE DOUBT THAT THIS IS THE PATTERN THAT IS EMERGING FOR THE FUTURE.

5. AS OUR ORGANIZATION AND MANPOWER EFFORTS BEGAN TO PRODUCE RESULTS, PROVIDE MORE CAPITAL OUTLAYS FOR BENEFITS --PERHAPS COMPLETE CATASTROPHIC COVERAGE FIRST, THEN ADD ANCILLARY SERVICES WHERE VOIDS EXIST, BUILDING FINALLY TO FULLY COVERED COMPREHENSIVE CARE.

6. TIMING WOULD BE THE ESSENCE OF THE PLAN: AS THE MANPOWER AND FACILITY RESOURCES TO PROVIDE THE BENEFITS GREW, THE ABILITY TO PURCHASE THE BENEFITS WOULD PHASE IN.

IT ALL SOUNDS VERY REASONABLE EXCEPT FOR ONE THING: NO SOCIAL PROGRAM HAS EVER DEVELOPED THAT WAY IN OUR SOCIETY TO DATE, AND THERE IS LITTLE INDICATION THAT THIS KIND OF EVOLUTIONARY PLANNING WILL FIND ITS PLACE OF BIRTH IN THE NATIONAL HEALTH FIELD. THERE ARE MANY GOOD REASONS FOR DRAWING THIS EMPIRICAL CONCLUSION, BUT LET ME CITE ONE OF THE POORER ONES: NAMELY, IT SOUNDS TOO MUCH LIKE ONE OF THE SOVIET UNION'S FIVE-YEAR PLANS. SOMETIMES I REGRET THAT THE RUSSIANS CLAIMED TO HAVE INVENTED PLANNING: IT HAS HAD A VERY NEGATIVE EFFECT ON OUR EFFORTS.

ACTUALLY, I CAN'T HELP BUT AGREE WITH SYLVIA PORTER--A SYNDICATED NEWSPAPER COLUMNIST ON FINANCIAL AFFAIRS--WHEN SHE SAID RECENTLY: "INDISPUTABLY AND IRREVERSIBLY ON THE WAY IN THE U.S. IS A NATIONAL HEALTH INSURANCE SYSTEM--WHICH WILL PROVIDE ALL OF US--RICH OR POOR, OLD OR YOUNG, WHITE OR BLACK-- WITH COMPREHENSIVE OR NEAR COMPREHENSIVE COVERAGE OF OUR HEALTH COSTS." IT "WILL GET THE HIGHEST PRIORITY IN THE NEXT, 92ND, CONGRESS."

WHY, IN THE NAME OF LOGIC, DO WE PROVIDE MORE PURCHASING POWER NOW WHEN THERE SEEMS TO BE A SCARCITY OF PROVIDER ABILITY? THE ANSWER TO THAT QUESTION LIES IN THE POLITICAL PROCESS ITSELF. WHO KNOWS THERE IS A MANPOWER SHORTAGE? WHO AGREES ON WHAT THE SHORTAGE IS OR HOW TO REMEDY IT? WHO KNOWS ABOUT ORGANIZATION OR WHAT IT SHOULD BE? AND WHO IS APPREHENSIVE ABOUT AN UNEXPECTED HIGH COST ILLNESS AND THE HIGH COST OF INFERIOR COVERAGE?

THE ANSWERS TO THESE QUESTIONS, NOT AN ABSTRACT SCHEME FOR IMPROVED HEALTH CARE, PROVIDE THE ULTIMATE BASIS FOR THE REASONING WHICH WILL LEAD TO BROAD ACTION IN THE HEALTH FIELD. THINK BACK ABOUT YOUR OWN MIDDLECLASS COMMUNITY AND PICK A NEIGHBOR WHO IS UNRELATED TO THE HEALTH FIELD EXCEPT AS A CONSUMER. ASK HIM ABOUT THE HEALTH MANPOWER SHORTAGE. CHANGES ARE YOU WILL GET A BLANK LOOK UNLESS HE HAS TRIED TO MAKE AN APPOINTMENT FOR CARE RECENTLY. IF HE HAS, CHANCES ARE HE WILL COMPLAIN ABOUT THE TIME HE HAD TO WAIT AND THE SIZE OF THE BILL HE RECEIVED AFTERWARDS. IT'S THE RARE "AVERAGE CITIZEN" WHO RELATES ALL

THIS TOGETHER AND WHOSE EYES LIGHT UP AS HE EXCLAIMS: "WHAT WE NEED IS NEW HEALTH MANPOWER, BETTER ORGANIZED." THE AVERAGE CITIZEN HAS HEARD VAGUELY OF THE "DOCTOR SHORTAGE", BUT EVERYONE WHO DISCUSSES IT HAS A DIFFERENT SOLUTION, SO HE THROWS UP HIS ARMS IN CONFUSION. HE COMES BACK TO HIS BASIC CONCERN: "HOW DO I PAY MY MEDICAL BILLS IF I GET SICK?"

HE ASKS HIMSELF THE LATTER QUESTION EVERY TIME HE FEELS A PAIN, OR HIS WIFE HAS A PAIN, OR ANY OTHER MEMBER OF HIS FAMILY FOR THAT MATTER. PAINS, IN THE FINAL ANALYSIS, OFTEN DON'T REQUIRE MEDICAL ATTENTION. BUT MORE OFTEN THAN NOT, THEY CAUSE A MOMENT OF ECONOMIC ANGUISH. TO OUR NON-HEALTH-RELATED AVERAGE CITIZEN CONSUMER, A PAIN IS LIKE PLAYING RUSSIAN ROULETTE--YOU HOPE YOU GET A CHEAP ONE, BUT, IF NOT, YOU HOPE YOU ARE FULLY COVERED BY INSURANCE IF YOU NEED ATTENTION. THE ECONOMIC QUESTION IS ALWAYS PRESENT; THE MORE ESOTERIC QUESTIONS OF ORGANIZATION AND MANPOWER HOVER OFF IN THE DISTANCE SOME PLACE.

OUR AVERAGE CITIZEN CONSUMER DOES NOT USUALLY FIND TIME TO LISTEN TO THE TECHNICAL DEBATES ON MANPOWER AND ORGANIZATION. POLLS AND VOTES AT ELECTION TIME SHOW THIS. IN CALIFORNIA A MEASURE TO EXPAND MEDICAL SCHOOL FACILITIES WAS DEFEATED, WHILE AT THE SAME TIME A NATIONAL POLL WAS INDICATING A BETTER THAN 70% SUPPORT FOR SOME FORM OF NATIONAL HEALTH INSURANCE. THE MEASURE TO EXPAND MEDICAL SCHOOLS MAY HAVE BEEN DEFEATED FOR MANY COMPLEX REASONS, NOT ALL OF THEM RELATED TO HEALTH; BUT FEW SOCIAL PROGRAMS ENJOY THE BROAD BASE OF SUPPORT AS DOES SOME

FORM OF HEALTH INSURANCE WHICH WOULD AFFECT NEARLY EVERY CITIZEN. UNLIKE MOST SOCIAL PROGRAMS OF RECENT VINTAGE WHICH ARE DIRECTED TO ABOUT FIVE PERCENT OF THE VOTING POPULATION, NAMELY THE POOR, HEALTH INSURANCE WOULD CONCERN THE ECONOMIC SECURITY, HOPEFULLY IN A BENEFICIAL SENSE, OF A VAST MAJORITY OF THE VOTERS. NEARLY EVERY POLITICAL FIGURE KNOWS THIS FACT. HE READS THE POLLS, AND HE RESPONDS AS HE DEEMS APPROPRIATE. THIS IS THE POLITICAL PROCESS.

OFTEN, IN THIS REGARD, YOU HEAR THE QUESTION: "DID HENRY FORD WAIT FOR THE FEDERAL HIGHWAY SYSTEM TO BE BUILT BEFORE HE STARTED BUILDING HIS CARS?" THE USE OF THIS ANALOGY MAY APPEAR ABSURD, BUT THE PRINCIPLE INVOLVED IS NOT GREATLY DIFFERENT. TOO MANY CARS WITH TANKS FULL OF GAS CREATED AND MAINTAIN THE CRISES FOR HIGHWAYS. TOO MANY PATIENTS WITH HEALTH INSURANCE WHICH SUPPOSEDLY GUARANTEES GOOD HEALTH CARE WILL FOCUS ATTENTION ON THE SYSTEM IF IT IS INADEQUATE. THE SYSTEM CANNOT BE DESCRIBED AS IN A "MAJOR CRISIS" STATUS NOW, BUT IT MIGHT BE THEN. CHANGE WILL COME THROUGH MANIPULATION OF THE PAYMENT MECHANISM AND WILL ONLY COME WHEN THE CRISIS IS BROAD BASED: --WHEN THE PUBLIC EXPRESSES A CONCERN, RESPONDS TO ARGUMENTS AND REACHES A RELATIVELY WELL SYNTHESIZED POSITION.

MEDICARE AND MEDICAID HAVE BEEN IN OPERATION OVER FIVE YEARS NOW. THERE WERE MANPOWER AND ORGANIZATION PROBLEMS BEFORE THE ADVENT OF THESE PROGRAMS. CERTAINLY THE EXISTENCE OF THESE PROGRAMS MUST HAVE COMPLICATED THE PREVIOUS PROBLEMS OF MANPOWER SHORTAGES AND ORGANIZATIONAL DEFICIENCIES. BUT DID WE WITNESS

ANY RUSH AT EITHER THE FEDERAL, STATE, OR LOCAL LEVEL TO AID THESE PROBLEMS? WITH THE EXCEPTION OF THE HEALTH CENTERS WHICH WERE CREATED BY THE O.E.O. AND CHP 314E PROGRAMS AND CERTAIN OTHER ISOLATED LOCAL EFFORTS, VERY LITTLE HAS BEEN DONE TO OVERCOME THESE PROBLEMS. IN FACT, IN SOME INSTANCES DURING THIS PERIOD, WE HAVE REDUCED OUR EFFORTS TO MEET THE NEEDS OF AN EXPANDING HEALTH CARE DEMAND. THERE IS NO EVIDENCE THAT OUR COMMITMENT TO IMPROVE AND INCREASE OUR CAPACITY IS STRONG ENOUGH TO MAKE ANY SUBSTANTIAL HEADWAY WITHOUT THE ADVENT OF NATIONAL HEALTH INSURANCE.

WHAT IS THE VEHICLE? IN ANY DEMOCRACY IT HAS TO BE AN ARTICULATED PUBLIC OPINION FOCUSED ON SPECIFIC ISSUES. NO MATTER WHO DOES WHAT IN AN AREA SO SENSITIVE AS HEALTH, THERE HAS TO BE BROAD PUBLIC SUPPORT FOR IT. THE RIDE TO THE TARGET MAY BE ROUGH, AND IT MAY GET ROUGHER; BUT WITH SOME EFFORT AND GREAT PATIENCE, WE WILL GET THERE.